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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)		ATTORNEY DOCKET NUMBER 5853-371		
As a below named inventor, I hereby declare that:				
My residence, post office address and citizenship are as stated below next to my name.				
I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
METHODS AND COMPOSITIONS FOR DIAGNOSING BOVINE PARATUBERCULOSIS				
the specification of which (check only one item below):				
[] is attached hereto.				
[X] was filed as U.S. Patent Application Serial Number10/802,197 on March 17, 2004, as amended on (if applicable).				
[] was filed as a PCT international application number on, as amended under PCT Article 19 on(if applicable).				
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.				
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).				
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:				
PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:				
COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 USC 119	
(I PCT Indicate PCT)			[]YES []NO	
			[]YES []NO	

ATTORNEY DOCKET NUMBER COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF A LTURNEY 5853-371 (includes Reference to PCT International Applications) I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT International application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application. PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120: STATUS (Check One) U.S. APPLICATIONS ABANDONED PENDING PATENTED U.S. FILING DATE U.S. APPLICATION NUMBER March 17, 2003 60/455,381 PCT APPLICATIONS DESIGNATING THE U.S. U.S. SERIAL NUTRE EN PCT FIUNG DATE PCT APPLICATION NUMBER POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therswith. Direct Telephone Calls to: Gregory A. Nelson Send Correspondence to: Akerman Senterfitt (561) 653-5000 Post Office Box 3188 West Palm Beach, FL 33402-3188 SECOND GIVEN NAME RST GIVEN NAKT FULL NAME PAMILY NAME BUERGELT OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR COUN. FY RESIDENCE & GERMANY CITIZENBHIP GAINESVILLE STATE & ZIP CODE/COUNTRY CITY POST OFFICE ADDRESS POST OFFICE FLORIDA 32605 / USA GAINESVILLE 2222 NW 20th TERRACE ADDRESS SECOND GIVEN NAME FIRST GIVEN NAUT FAMILY NAME FUIL NAME TOLLIS OF INVENTOR WILLIAMS COUNTRY OF CITIZENSHIP STATE OR COUNTY RESIDENCE & TTY UNITED STATES FLORDA NEWBERRY CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS 1205 SW 170" STRBET CITY POST OFFICE FLORIDA 32669/USA NEWBERRY ADDRESS SECOND GIVEN NAME FIRST GIVEN NAME FAMILY NAME FULL NAME JEONOHAE PARK OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR COUN RY RESIDENCE & 203 KORKA FLORIDA GAINE8VILLE CITIZENSHIP STATE & ZIP CODB/COUNTRY FLORIDA 32608/USA CITY POST OFFICE ADDRESS 1700 SW 16<sup>th</sup> COURT, APT. E8 POST OFFICE GAINESVILLE ADDRESS SECOND GIVEN NAME FIRST GIVEN NAV S Family name FULL NAME OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR COUNTY CITY RESIDENCE &

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and betief are believed to be true; and further that these statements used are punishable by fine or imprisonment, or both, under Section 1001 of Title 16 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	POSEPH CLUB LIVERY	SIGNATURE OF INVENTOR 203  JEONYLa Port
My 11, 2004	May 11, 2004	5-11-04
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE